

# FCC 464-A

Federal Communications Commission  
Washington, DC 20554

Approved by OMB  
3060-0541  
See reverse for public  
burden estimate.

FOR  
FCC  
USE  
ONLY

## FOR USE ONLY WITH PHASE 2 APPLICATIONS

### Transmittal Sheet for Phase 2 Cellular Applications for Unserved Areas

(Read Instructions on reverse before completing)

1(c) Legal Name of Applicant (If individual, list last name first. Name must be same as it appears on FCC Form 600.)

(b) Mailing Street Address or P.O. Box Number (Line 1)

(c) Mailing Street Address or P.O. Box Number (Line 2)

(c) City	(e) State	(f) ZIP Code
(g) Call Sign (if applicable)	(h) Telephone Numbers VOICE: ( ) FAX: ( )	(i) Internet address
2(a) PAYMENT TYPE CODE	2(b) QUANTITY	2(c) FEE DUE
C M Z		\$

FOR FCC USE ONLY

#### 3 Market(s) Contained Within Proposed Service Area Boundaries (Only one system per application)

(a) Market No. and Block	(b) Market Name	(c) Phase 2 (Y or N)
(1)		
(2)		
(3)		
(4)		

#### 4. Certification

- I hereby certify that this application for a cellular authorization is complete in every respect and contains all of the information required by FCC Form 600 and the Commission's cellular application rules. I acknowledge that, if upon Commission inspection, this certification is shown to be incorrect, this application shall be dismissed without further consideration.
- I also certify that the applicant is the real party in interest in this application and there are no agreements or understandings, other than those specified in this application, which provide that someone other than the applicant shall have an indirect or direct interest. It is also certified that the applicant intends to construct and operate the station as proposed and that there are no agreements or understandings that are inconsistent with that intent.
- I declare, under penalties of perjury, that I am the authorized representative of the above-named applicant in the above entitled matter, that I have read the foregoing certification, and things therein stated are true and correct.

Date Signed	Typed/Printed Name	Typed/Printed Title
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SIGNATURE

#### 5. Contact Representative. Indicate the name, mailing address, and telephone numbers of person to contact, if other than applicant.

Name (Last name first)	Firm or Company Name, if any
Mailing Street Address or P.O. Box Number, City, State, ZIP Code	
Telephone Numbers VOICE: ( ) FAX: ( )	Internet address

## INSTRUCTIONS

- 1 (a) Type/print applicant name, using the name of the applicant as it appears on FCC Form 600.
- (b) Type/print address of applicant, using street address as it appears on FCC Form 600.
- (c) This line may be used for further identification of mailing address if additional space is needed.
- (d) Type/print city.
- (e) Type/print two letter state code as prescribed by the U.S. Postal Service.
- (f) Type/print ZIP Code using appropriate five or nine-digit code as prescribed by the U.S. Postal Service.
- (g) Type/print Call Sign, if applicable.
- (h) Provide voice and FAX telephone numbers of applicant, including area code.
- (i) Provide an Internet address where the FCC can send you mail regarding your application. If no Internet address is available, leave this item blank.

**FEES:** A processing fee is required with this application. Refer to the Wireless Telecommunications Bureau Fee Filing Guide or phone our Consumer Assistance Branch at (800) 322-1117 for further information. DO NOT SEND CASH. Checks must be payable to "FCC" or "Federal Communications Commission".

- 2(a) The Payment Type Code has been entered for you.
  - (b) Quantity: Enter the appropriate number.
  - (c) Multiply the amount due for the Payment Type Code in 2(a) times the Quantity in 2(b). Enter the total amount due in item 2(c).
3. Market(s) Contained Within Proposed Service Area Boundaries. (Only one system per application.)  
In Column (a), enter market number(s) and frequency block(s) for every market encompassed in whole or part within the proposed service area boundary (SAB). In Column (b), type/print market name(s). Allow space between words, if market name contains more than one word. **DO NOT ABBREVIATE.** In Column (c), enter "Y" for any market in Phase 2 at the time of this filing. Enter "N" if market is not in Phase 2.

#### 4. Certification.

##### **Typed/Printed Title**

**Individual applicants:** If the application is for an individual, he/she should sign the individual name and, for the area marked "title", enter "applicant" or "owner".

**Group or Partnership:** If the application is composed of two or more individuals, or is a partnership, the signature of any one individual or partner is acceptable. For groups of individuals, the title of "co-applicant" or "co-owner" should be entered. For partnerships, the title "partner", "general partner", or "limited partner" (as applicable) should be entered.

**Corporations:** If the applicant is a corporation, the signature of an officer or duly authorized employee of that corporation is acceptable. The signator should enter an appropriate title in the space provided.

**THIS TRANSMITTAL SHEET MAY BE REPRODUCED AS NECESSARY.**

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#### NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form, as well as the form itself, will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to Commission Rules. The foregoing notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e)(3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to Federal Communications Commission, Records Management Branch, AMD-IM, Washington, DC 20554, Paperwork Reduction Project (3060-0541), or via the Internet to [dconway@fcc.gov](mailto:dconway@fcc.gov). **DO NOT SEND COMPLETED APPLICATION FORMS TO THIS ADDRESS. Individuals are not required to respond to a collection of information unless it displays a currently valid OMB control number.**